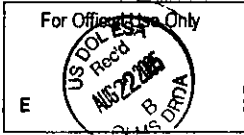


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13426</u>	2 Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>Joseph R Libonati</u> P O Box Bldg Room No if any <u>P O Box 202</u> Street <u>Hill Crest Manor Drive</u> City <u>Marlboro</u> State <u>New York</u> ZIP Code + 4 <u>12542</u>	4 Name file number and address of labor organization Name <u>Laborers Local 17</u> Labor Organization File Number <u>047-525</u> P O Box Building and Room Number if any Street <u>451A Little Britain Road</u> City <u>Newburgh</u> State <u>New York</u> ZIP Code + 4 <u>12550</u>
5 Position in labor organization <u>Secretary- Treasurer Field Rep</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Joseph R Libonati</u>	On <u>8/15/2005</u> Date	<u>845-236-4747</u> Telephone Number

Name of Person Filing Joe LibonatiFile Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name LABORERS LOCAL 17 BENEFIT FUNDS

Trade Name if any

P O Box Bldg Room No if any

451 BStreet LITTLE BRITAIN ROADCity NEWBURGHState NEW YORKZIP Code + 4 12550

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

PENSION, HEALTH, WELFARE,
TRAINING, ANNUITY AND
LACET FUNDS

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

MONTHLY TRUSTEES MEETING
DINNER INCLUDED

12 b Amount APPROXIMATELY\$ 65-

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment.

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name LABORERS LOCAL 17 TRAINING FUND

Trade Name if any

P O Box Bldg Room No if any 451CStreet LITTLE BRITAIN ROADCity NEWBURGHState NEW YORK ZIP Code + 4 12550

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

PROVIDES TRAINING AND
EDUCATION TO LUWA
LOCAL 17 MEMBERS

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

ANNUAL HOLIDAY DINNER
MEETING

12 b Amount APPROXIMATELY\$175-

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment

Name of Person Filing Joe Libonati

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name NEW YORK STATE LABORERS

Trade Name if any

P O Box Bldg Room No if any

Street 18 CORPORATE WOODS BLVD

City ALBANY

State NEW YORK ZIP Code + 4 12211

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

NYS LABORERS-EMPLOYERS
COOPERATION + EDUCATION TRUST
NYS LABORERS HEALTH + SAFETY
TRUST FUND
NYS LABORERS POLITICAL ACTION
COMMITTEE

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

TRI-FUNK CONFERENCE +
LEGISLATIVE RECEPTION
LUNCH - BREAKFAST - HOTEL ROOM

12 b Amount APPROXIMATELY

\$240-

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.